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**APPLICANTS**

Hans-Peter Wild, Zug, SWITZERLAND;  
 Eberhard Kraft, Neckarbischofsheim, GERMANY;

**\*\* CONTINUING DATA** \*\*\*\*\* *tht*

**\*\* FOREIGN APPLICATIONS** \*\*\*\*\* *tht*

GERMANY 199 52 008.9 10/28/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** \*\* 11/30/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>John Peter Wild</i> <i>tht</i>	Examiner's Signature	Initials		

**ADDRESS**  
26610

**TITLE**

Apparatus for applying drinking straws

FILING FEE RECEIVED 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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